Disclosure Report Cover

Wes No
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

| 1. Committee Information   |                   |  |                 |              |                                    |                    |                 |  |  |  |
|--|-------------------|--|-----------------|--------------|------------------------------------|--------------------|-----------------|--|--|--|
| a. Full Name   |                   |  |                 |              |                                    |                    |                 | c. ID Number                               |  |  |
| BOULDRY FOR COUNCIL  RECEIVED  |                   |  |                 |              |                                    |                    |                 |  |  |  |
| b. Mailing Address (include City, State and Zip Code)  |                   |  |                 |              |                                    |                    |                 | d. Date Filed                              |  |  |
| 35 MCMICHAEL DRIVE<br>PINEHURST, NC 28374  |                   |  |                 | SEP 3 0 2015 |                                    |                    |                 | 09/30/2015                                 |  |  |
| i ii (Liioitoi,  | 110 20574         |  |                 | SEL 9 A TOB  |                                    |                    | e. Phone Number |  |  |  |
|  |                   |  |                 |              |                                    |                    |                 |  |  |  |
| 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period Pad Date (mm/dd/yy) 5. Treasurer Full Name  |                   |  |                 |              |                                    |                    |                 |  |  |  |
|  |                   |  | <u> </u>        | 1 2/014 1    |                                    |                    | LYDIA B         |  |  |  |
| 2015   |                   | /06/2015                                     |                 | 07/00/2013   |                                    |                    |                 |  |  |  |
| 6. Type of Com   |                   |  |                 | e of Report  |                                    |                    |                 | ort from one category) Referendum          |  |  |
| Candidate Car  | · · —             | •  | Munic           | <del>-</del> | State/County                       |                    |                 |  |  |  |
| Joint Fundrai  |                   |  | X               | Organization | 1 <del></del> -                    |                    | onai            | Organizational Pre-referendum              |  |  |
| ☐ Referendum   |                   | al Expense Fund                              | _               | Thirty-five  |                                    |                    |                 | Final                                      |  |  |
| 7. Type of Fund "Booster Fun   |                   | e, check one)                                | 唱               | Pre-primary  |                                    | ☐ First ☐ Secon    | A               | Supplemental Final                         |  |  |
| 1 <b>—</b>   |                   |  |                 | Pre-election |                                    | Secon              |                 | Annual                                     |  |  |
| Building Fund  |                   | didatas Erm 3                                |                 | Pre-runoff   |                                    |                    |                 | Annual Special                             |  |  |
| ı <del>–</del>   | Election Year Can |  |                 | Semi-annual  |                                    | Fourtl             |                 | D Special                                  |  |  |
| NC Public Ca   | mpaign Financing  | runa   |                 | Mid Yea      |                                    | Semi-annu<br>Mid Y |                 | 10 Caralal D                               |  |  |
|  |                   |  | 받               | Year Er      | ıu                                 | Mid Y              |                 | 10. Special Report Name                    |  |  |
| Other:   |                   | <b></b>                                      | <del> </del>  - | Final        |                                    |                    | CHU .           |  |  |  |
| 8. Number of F   | undraisers this   | Report                                       | <b>↓</b> □      | Special      |                                    | Final              |                 |  |  |  |
|  | 0                 |  |                 |              |                                    | Special            |                 |  |  |  |
| 3. Account Info  |                   |  |                 |              |                                    | ount Informa       |                 |  |  |  |
| a. Financial Ins   | titution Full Na  | me   |                 |              | a. Financial Institution Full Name |                    |                 |  |  |  |
| BANK OF AM   | IERICA            |  |                 |              |                                    |                    |                 |  |  |  |
| b. Purpose   |                   | c. Account Co                                | de              |              | b. Pur                             | pose               |                 | c. Account Code                            |  |  |
| PAY OPERA  | ΓΙΟΝΑL            |  | 1A              | •            |                                    |                    |                 |  |  |  |
| COSTS OF CA  | AMPAIGN           |  | <u> </u>        |              |                                    |                    |                 |  |  |  |
|  |                   | d. Period Beg                                | n Balance       |              |                                    |                    |                 | d. Period Begin Balance                    |  |  |
| \$   |                   | \$   |                 | 0.00         |                                    |                    |                 | \$   |  |  |
| CERTIFICATI  | ON                | <u>.                                    </u> |                 |              |                                    |                    |                 | · · · · · · · · · · · · · · · · · · ·      |  |  |
| 1  |                   | or Fund is in c                              | ompliai         | nce with all | applica                            | ble provision      | s of Article    | 22A, 22B & 22D-22M of                      |  |  |
|  |                   |  |                 |              |                                    |                    |                 |  |  |  |
| Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board  |                   |  |                 |              |                                    |                    |                 |  |  |  |
| 3  |                   |  | T               |              | /                                  | ` 1                |                 |  |  |  |
| 1 1  | IDIA B            | OESCH  |                 | d            | Willia                             | a 1900s            | in              | 09/30/2015                                 |  |  |
|  | Printed Name of   | Signer                                       | _               | Sig          | igure o                            | f Appointed T      | reasurer        | Date                                       |  |  |
| FOR OFFICE   | USEONLY           |  |                 |              |                                    |                    |                 |  |  |  |
| Date Recei   | ſ                 | 1-30-15                                      | <u>.</u>        | Emplo        | yee:                               | Am                 |                 | Delivery Method  Normal Mail               |  |  |
| Date Postr   | ostmarked: Em     |  |                 | Emplo        | loyee:                             |                    |                 | Registered Mail Hand Delivered             |  |  |
| Date Scan  | ned: _            |  |                 | Empl         | oyee:                              |                    |                 | Electronically Filed                       |  |  |
| Date Data  | Entered:          |  |                 | Empl         | oyee:                              |                    |                 | Signer has not received mandatory training |  |  |
| Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. |                   |  |                 |              |                                    |                    |                 |  |  |  |
| I  | You must ame      | nd the Stateme                               | ent of C        | rganization) | (CRO-                              | 2100A-E) to :      | make comm       | ittee changes.                             |  |  |

MODIL CHAIX MEETS COPY Amendment

□ No

**Detailed Summary** 

X Yes Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number 2015 Organizational BOULDRY FOR COUNCIL Total this Total this 2015 Start of Election Cycle: January 1, Election Cycle Reporting Period 0.00 0.00 4) Cash on Hand at Start RECEIPTS (CRO-1205) 5) Aggregated Contributions from Individuals 0.00 \$ 0.00 5,200.00 (CRO-1210) \$ 5,200.00 6) Contributions from Individuals \$ (CRO-1220) 0.00 0.00 7) Contributions from Political Party Committees (CRO-1230) 0.00 0.00 8) Contributions from Other Political Committees \$ (CRO-1410) \$ 0.00 0.00 9) Loan Proceeds (CRO-1240) 0.00 0.00 0) Refunds/Reimbursements to the Committee 11) Other Receipt Sources \$ (CRO-1250) 0.00 0.00 11a) Interest on Bank Accounts \$ (CRO-1250) 0.00 0.00 11b) Contributions from Not-For-Profit Organizations \$ (CRO-1250) 0.00 0.00 11c) Outside Sources of Income \$ (CRO-1270) 0.00 0.00 11d) Legal Expense Fund - Other Sources (CRO-1265) 0.00 \$ 0.00 11e) Exempt Purchase Price Sales 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 5,200.00 \$ 5,200.00 EXPENDITURES 13) Disbursements (CRO-1310) \$ \$ 0.00 0.00 13a) Operating Expenditures \$ (CRO-1310) 13b) Contributions to Candidates/Political Committees 0.00 0.00 \$ (CRO-1310) 13c) Coordinated Party Expenditures 0.00 0.00 (CRO-1315) \$ 4) Aggregated Non-Media Expenditures 0.00 0.00 (CRO-1420) \$ 0.00 0.00 5) Loan Repayments (CRO-1320) \$ 0.00 (6) Refunds/Reimbursements from the Committee 0.00 \$ (CRO-1510) \$ 0.00 0.00 7) In-Kind Contributions 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 0.00 0.00 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 5,200.00 5,200.00 ADDITIONAL INFORMATION (CRO-1330) \$ 0.00 20) Non-Monetary Gifts Given to Other Committees (CRO-1430) 0.00 \$ 21) Outstanding Loans (incl. ones from other campaigns) 0.00 (CRO-1610) 22) Debts and Obligations owed by the Committee (CRO-1620) 0.00 23) Debts and Obligations owed to the Committee 0.00 24) Account Transfers Within the Committee (CRO-1720) \$ 0.00 0.00 (CRO-1710) 25) Administrative Support 0.00 \$ 0.00 (CRO-1440) \$ 26) Forgiven Loans (CRO-2220) 0.00 0.00 \$ 27) 48-Hour Notice Reports Sum \$ (CRO-1215) \$ 0.00 0.00 28) Contributions to be Refunded

|                    |                      | m Individuals                        | over \$50 or co   |                                       | $\frac{1}{1}$ of $\frac{2}{1}$ of CRO 1 | _             | Yes                     | □ No          |  |
|--------------------|----------------------|--------------------------------------|---|---------------------------------------|---|---------------|-------------------------|---------------|--|
|                    |                      | and Fund if applicable               |   | ittioutions t                         |   |               | Numbe                   |               |  |
|                    | RY FOR COUN          |                                      | <u>)                                    </u>              | ·                                     |   | 2.10          | TATITION                | <u>, I</u>    |  |
| לונטטם             | AT TOR COON          | OIL.                                 |   |                                       |   |               |                         |               |  |
| 3. Contr           | ibutor Informatio    | )n                                   |   | Add 🔲 R                               | Remove                                  |               |                         |               |  |
| a. Full Na         | ame, Mailing Add     | ress & Phone                         |   | b. Job Title/                         | Profession                              | d. Co         | mment                   | s             |  |
| (includ            | le city, state, & zi | p)                                   |   | CONSULT                               | ANT (RETIRED)                           | İ             |                         |               |  |
|                    | BOULDRY              |                                      |   |                                       | N /C 1.C . E . 1.4                      |               |                         |               |  |
|                    | ASSETT LANE          |                                      | c. Employer's Name/Specific Field  DELOITE CONSULTING LLP |                                       |   |               |                         |               |  |
| PINEH              | URST, NC 2937        | 4                                    | DELOITE   | CONSULTING LLP                        | e. Ele                                  | ction S       | um to Date              |               |  |
|                    |                      |                                      |   |                                       |   | <u> </u>      |                         |               |  |
|                    |                      |                                      |   |                                       |   |               | <b>3</b> ,000.00        |               |  |
| f. Prior           | g. Account Code      | h. Form of Payment                   | i. In-Kind Des  | cription                              | j. Date (mm/dd/yyyy)                    | k             | . Amou                  | int           |  |
|                    | 1A                   | Check                                |   |                                       | 07/06/2015                              |               | \$                      | 3,000.00      |  |
|                    |                      |                                      |   | · · · · · · · · · · · · · · · · · · · |   |               | \$                      |               |  |
|                    |                      |                                      |   |                                       |   |               | \$                      |               |  |
| 3. Contr           | ibutor Informati     | on                                   |   | Add 🔲                                 | Remove                                  | <del></del> - |                         |               |  |
|                    | ame, Mailing Add     |                                      | ·   | b. Job Title                          |   | d. C          | d. Comments             |               |  |
|                    | de city, state, & z  |                                      |   | EMPLOYI                               | MENT & TRAINING                         | 1             |                         |               |  |
| BRIAN              | DEATON               |                                      | · · · · · · · · · · · · · · · · · · ·                     | Janalysi                              | S                                       |               |                         |               |  |
|                    | CASKILL RD E         | 3                                    |   | c. Employe:                           | r's Name/Specific Field                 | 1             |                         |               |  |
| PINEH              | URST, NC 2837        | <i>1</i> 4                           |   | U.S. DEPT OF LABOR                    |   |               | e. Election Sum to Date |               |  |
|                    |                      |                                      |   | le                                    |   |               | lection                 | Sum to Date   |  |
|                    |                      |                                      |   |                                       |   | \$            |                         | 100.00        |  |
| f. Prior           | g. Account Code      | h. Form of Payment                   | i. In-Kind De   | scription                             | j. Date (mm/dd/yyy                      | 7)            | k. Amo                  | unt           |  |
|                    | 1A                   | Check                                |   |                                       | 07/06/2015                              |               | \$                      | 100.00        |  |
|                    |                      | ·                                    |   |                                       |   |               | \$                      |               |  |
|                    |                      |                                      |   |                                       |   |               | \$                      |               |  |
| 3. Cont            | ributor Informati    | ion                                  |   | Add 🗆                                 | Remove                                  |               |                         |               |  |
|                    |                      |                                      |   |                                       |   | d. 0          | Comme                   | nts           |  |
| (inclu             | ide city, state, & z | sip)                                 |   | DEFENS                                | E CONTRACTOR                            |               |                         |               |  |
| WALTER HAVENSTEIN  |                      |                                      |   |                                       |   | _             |                         |               |  |
| 16 MCMICHAEL DRIVE |                      |                                      |   | c. Employer's Name/Specific Field     |   |               |                         |               |  |
| PINEH              | IURST, NC 283        | 74                                   |   | RETIRED                               |   |               | e. Election Sum to Date |               |  |
| 1                  |                      |                                      |   |                                       |   | -             | Liettioi                | <del> </del>  |  |
| 1                  |                      |                                      |   |                                       |   | \$            |                         | 2,000.00      |  |
| f. Prior           | g. Account Code      | h. Form of Payment                   | i. In-Kind D  | escription                            | j. Date (mm/dd/yy                       | <br>/y)       | k. Am                   | _ <del></del> |  |
|                    | 1A                   | Check                                |   | -                                     | 07/06/2015                              |               | \$                      | 2,000.00      |  |
|                    |                      |                                      |   |                                       |   |               | \$                      |               |  |
|                    |                      |                                      |   |                                       |   |               | \$                      |               |  |
|                    | tal only this P      |                                      |   |                                       |   | \$            | 3                       | 5,100.00      |  |
|                    |                      | O-1210 Pages e 6 of Detailed Summary | y Page CRO-110  | 0)                                    |   |               | S                       | 5,200.00      |  |

Amendment Copy

2 Yes No

| $\boldsymbol{C}_{\alpha}$ | ntribu | itions  | from | Indiv | idna | ٥  |
|---------------------------|--------|---------|------|-------|------|----|
| t .n                      | ntrini | ITIO NS | irom | TRAIT | ши   | IS |

(This line must be on line 6 of Detailed Summary Page CRO-1100)

|          | - 4/5 521- +          | om Individuals         |                 |                                   | g 2 of 2              | -         | X Yes                  | □ No     |  |
|----------|-----------------------|------------------------|-----------------|-----------------------------------|-----------------------|-----------|------------------------|----------|--|
| Use this | s form to report in   | dividual contributions | over \$50 or co | ntributions u                     | nder \$50 if form CRO | 1205 i    | is not use             | ed       |  |
|          |                       |                        |                 |                                   |                       |           | 2. ID Number           |          |  |
| BOUL     | DRY FOR COUN          | ICIL                   |                 |                                   |                       |           |                        |          |  |
| 3. Cont  | ributor Informati     | on                     |                 | Add □ R                           | emove                 |           |                        |          |  |
|          | Name, Mailing Add     |                        |                 | b. Job Title/Profession           |                       |           | d. Comments            |          |  |
| (inclu   | ide city, state, & zi | ip)                    |                 | RISK MAN                          | AGEMENT               | T         |                        |          |  |
| RICHA    | ARD T WHITE           |                        |                 |                                   |                       |           |                        |          |  |
| 10 PIN   | YON LANE              |                        |                 | c. Employer's Name/Specific Field |                       |           |                        |          |  |
| PINEH    | IURST, NC 2837        | 74                     |                 | RETIRED                           |                       |           |                        |          |  |
|          |                       |                        |                 |                                   |                       |           | e. Hection Sum to Date |          |  |
| ļ        |                       |                        |                 |                                   |                       | \$        |                        | 100.00   |  |
| f. Prior | g. Account Code       | h. Form of Payment     | i. In-Kind Des  | cription                          | j. Date (mm/dd/yyyy   | <u>/)</u> | k. Amou                | nt       |  |
|          | 1A                    | Check                  |                 |                                   | 07/06/2015            |           | \$                     | 100.00   |  |
|          |                       |                        | 1-17            |                                   |                       |           | \$                     | <u> </u> |  |
|          |                       |                        |                 |                                   |                       |           | \$                     |          |  |
| 4. Tot   | al only this Pa       | ge                     |                 |                                   |                       | \$        | <u></u>                | 100.00   |  |
| 5. Tot   |                       | O-1210 Pages           | D 600 1100      |                                   |                       | \$        |                        | 5,200.00 |  |

CRO-1210

NC State Board of Elections

April 2007